## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	<b>CHANGES</b>	IN E	BENEFI	CIAL	OWNE	RSHIP
SIAILMILINI	O.	CHANGES	114 6	, L 14 L 1	CIAL	CVVILL	

OMB APPROVAL										
OMB Number:	3235-0287									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Nichols George III				<u>R</u>	2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
				_   <u>IN</u>	INC [ RGA ]							-   -	_	•				
(Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 05/22/2024											Other (s below)	pecify		
				_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														Y Form fi	led by One	Repo	rting Persor	.
CHESTERFIELD MO 63017				_									Form filed by More than One Reporting Person					
(City) (State) (Zip)				R	Rule 10b5-1(c) Transaction Indication													
Check this how to its									Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy									
						the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Transaction Disposed (		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		'. Nature of ndirect Beneficial Ownership			
								Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		.,,	(	Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		se (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Date, Transa			Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	,,,(0)		
Common stock	<b>\$0</b> <sup>(1)</sup>	05/22/2024			A		1,367 <sup>(2)</sup>		(3)		(4)	Common Stock	1,367	\$212.2	1,367		D <sup>(5)</sup>	

## Explanation of Responses:

- 1. 1 for 1 based upon fair market value of Common Stock.
- 2. Acquired pursuant to deferral of annual retainer (589 shares) and deferral of stock grant (778 shares) to independent directors for services performed as a director.
- 3. Director can elect to receive payment (1) upon retirement or (2) after a five or seven year deferral period.
- 4. Distributable upon director's retirement from the Board in accordance with distribution elections.
- 5. The reporting person beneficially owns a total of 1,367 phantom shares.

## Remarks:

/s/ William L. Hutton, by Power of Attorney 05/24/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.